

INSTRUCTIONS FOR FCC FORM 324

OPERATOR, MAIL ADDRESS, AND OPERATIONAL STATUS CHANGES

A cable operator is required to notify the Commission in writing within 30 days following a change to the operator, legal name, mail address, and operational status change (47 CFR § 76.1610). No fees are required for § 76.1610 changes.

1. Indicate the nature of the operational change by checking the appropriate box or boxes. Possible changes include: ownership change, legal name change, assumed/does business as (dba) name change, mailing address change, community operational status change, and/or physical system identification (PSID) change.
2. Provide the cable operator's legal name, FCC Registration Number (FRN), any assumed name for doing business as (dba) in the community, complete mailing address including zip code, and telephone number in the spaces provided.
3. Indicate whether the operator is an individual, private association, partnership, corporation, or government entity by checking the appropriate box. If the operator is a partnership, the legal name of the partner responsible for communications with the Commission shall be supplied.
4. Indicate the Physical System Identifier if the community will be served by a different system.
5. If the Physical System Id (PSID) of the community(ies) is changing, indicate the new PSID that will serve the community in the space provided. If the community is being served from a new headend that does not yet have a PSID, a new PSID will be assigned to the community provided in Exhibit 1. A separate Form 324 is required for each new PSID assignment.
6. For an operational status change, describe the nature of the change in the box provided. In order to merge a community into another community, both the existing CUID and the CUID into which the community is being merged must be provided.
7. List all the Community Unit Identifiers (CUIDs) and the corresponding names of the communities affected by this form on Exhibit 1.
8. The person responsible for this form must provide their name, title, signature, and the date in the space provided.

Send completed Form 324 to:

**Federal Communications Commission
Media Bureau
445 12th Street, SW
Washington, DC 20554**



FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554

OPERATOR, MAIL ADDRESS, AND OPERATIONAL INFORMATION CHANGES

FCC Form 324

1. Indicate the nature of the operational change

<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Legal Name Change	<input type="checkbox"/> Assumed / dba Name Change
<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Operational Status Change	<input type="checkbox"/> Physical System ID Change

2. Indicate legal name, dba name, mailing address, and telephone number of the cable system operator.

Legal Name		FCC Registration No. (FRN)	
Assumed/ doing business as name (dba)			
Mailing Address	City	State	Zip Code
Telephone No. () -	Email (optional) @ .		

3. Indicate whether the operator is an individual, private association, partnership, corporation, or Government entity.

<input type="checkbox"/> Individual	<input type="checkbox"/> Private Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government Entity
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4. Indicate the Physical System Identifier (PSID) if the community will be served by a different system: _____

5. Describe the change to CUID (e.g. operation terminated, community merged, merging PSIDs, etc.)

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6. If the community is merged, provide the Community Unit Identifier (CUID) that it is being merged into: _____

7. Indicate on Exhibit 1 the names and the Community Unit Identifiers (CUIDs) (e.g. , CA0001) affected.

8. Certification

By signing below, the operator also certifies that neither the operator nor any other "party" to the notification is subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862. For the definition of a "party" for this purpose refer to 47 C.F.R. § 1.2002(b).

Type or Print Name	Title
Signature	Date

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. § 1001) AND/OR REVOCATION OF ANY STATION LICENSE (47 U.S.C. § 312 (a) (1)), AND/OR FORFEITURE (47 U.S.C. § 503(b)).

EXHIBIT 1

[illegible]

Use Additional Pages As Needed